



westmont.illinois.gov

Community Development Department

31 West Quincy Street • Westmont, Illinois 60559
Tel: 630-981-6250 Fax: 630-968-8610

DOWNTOWN DEVELOPMENT/FACADE GRANT PROGRAM APPLICATION FORM

APPLICANT INFORMATION

Applicant Name: Joanna Gal

Applicant: Building Owner ☒ Tenant ☐

If Tenant, Lease Expiration Date: _____

Applicant Business Address: 230 N. Cass Ave.

Phone Number: 708-218-3388

E-Mail: Gal1000@comcast.net

Secondary Contact Person: Peter Gal 708-269-1214

PROPERTY INFORMATION

Address of Building for which the grant is being sought: 230 N. Cass Ave.

Property Identification Number: 09-09-211-025

PROPOSED IMPROVEMENTS

NOTE: Applicant must provide a copy of all proposed materials and design drawings for estimated scope of work.

Facade to be Improved: Front ☒ Front/Side ☐

☒ Awning(s)/Shutter(s)

☐ Tuck Pointing/Cleaning/Masonry Repairs

☐ Exterior Lighting

☒ Window(s)/Door(s)

☐ Painting

☒ Plumbing

☒ Electrical

☐ Restoration of Original Architectural Elements

☐ Signage

☐ Interior (Utility and Infrastructure Improvements, and/or Safety,

☒ Fire Suppression/Alarms

☐ Other Proposed Improvements (Please Specify): _____

Describe Scope and Purpose of the Work: Installed a fire suppression system.

Installed a new fire detection system.

All new electrical installed throughout building.

Installed new front doors (More modern for curb appeal)

New plumbing installed throughout the building.

New awning installed on building.

Total Anticipated Budget: \$ \$103,000

Total Anticipated Grant Request: \$ _____

STATEMENT OF UNDERSTANDING

I hereby make Application to the Village of Westmont for the Downtown Development/Façade Improvement Grant, and I agree to comply with the guidelines and Procedures of the Westmont Façade Grant Program.

I understand that I must submit detailed cost documentation, copies of bids, contracts, invoices, receipts, and contractor's final waivers of lien upon completion of the approved improvements before any reimbursement payment will be authorized.

I understand that work begun before Westmont Village Board approval does not guarantee approval of a grant.

I understand Downtown Development/Façade Improvement Grants are subject to taxation and the Village of Westmont is required to report the amount and the recipient of said grants to the Internal Revenue Service.

Signature of Applicant:

Joanna Gal

Date:

9/25/19

If the Applicant does not own the property, the owner(s) must complete the following:

I/We certify that I/We own the property at _____

and that I/We have authorized the Applicant to apply for a Reimbursement Grant under the guidelines of the Village of Westmont Façade Grant Program and to undertake the approved improvements.

Signature of Owner(s): _____ Date: _____

Please return the completed Application to:

Village of Westmont
Community Development Department
31 West Quincy Street
Westmont, IL 60559

If you need assistance with the Application and/or have general inquiries, please contact Jill Ziegler, Community Development Director of the Village of Westmont at (630) 981-6267.

FOR OFFICE USE ONLY

Application Received (Date): *KB 9/25/19* _____

Matching Grant Approved (Date): _____

Total Estimated Project Cost: \$ _____

Percent Applied for Grant: \$ _____

Total Amount of Grant: \$ _____

Matching Grant Denied (Date): _____

Reason for Denial: _____

Community Development Director (Signature & Date): _____

THATCHER OAKS AWNINGS

INVOICE
732199B

"Chicagoland's premier awning company, since 1984"

11/11/2019

718 N. INDUSTRIAL DRIVE • ELMHURST, IL 60126
(630) 833-5700 • info@thatcheroaks.com

BILLING ADDRESS

JOANNA GAL
GO POLAR CRYOTHERAPY
230 N. CASS AVE.
WESTMONT, IL 60559

JOB LOCATION

JOANNA GAL
GO POLAR CRYOTHERAPY
230 N. CASS AVE.
WESTMONT, IL 60559

SALES REP. **PURCHASE ORDER**
KE

TERMS: 50% Down / 50% at Install

ACTIVITY	AMOUNT
Sales:New Awning:New Awning Standard NEW AWNING PER QUOTE 31284	3,850.00
Permit Fees PERMIT, 8-6-19 MARRY ANN, GO POLAR CRYOTHERAPY JOB # 732199 NO PERMIT	0.00
Customer Deposit 50% DEPOSIT OF TOTAL PRICE OF QUOTE 31284	-1,925.00
DEPOSIT RCVD 8-5-19, CC PAYMENT \$1,925.00	
Permit Fees 9-24-19, MARY ANN, GO POLAR JOB #732199, VILLAGE OF WESTMONT BOND FEE: \$50.00	50.00
BALANCE DUE:	\$0.00

Thank you for choosing Thatcher Oaks Awnings!

Inquire about our wash service to extend the life of your awning and keep it looking its best.

FINAL WAIVER OF LIEN

STATE OF _____) SS
COUNTY OF _____

Escrow# _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Go Polar
to furnish FIRE SPRINKLERS
for the premises known as Go Polar
of which 230 N Cass Ave Westmont is the owner.
The undersigned, for and in consideration of Forty two thousand eight hundred thirteen and N/100
\$42,813.00 Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and
release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said
above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds
or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, heretofore
furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE 12/27/19 COMPANY NAME ISAK FIRE PROTECTION INC
875 N. MICHIGAN AVE #3100 CHICAGO IL 60611

SIGNATURE AND TITLE

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

STATE OF Illinois) SS
COUNTY OF COOK

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED,
AND SAYS THAT HE OR SHE IS OGN JEN ISAK BEING DULY SWORN, DEPOSES
PRESIDENT OF
ISAK FIRE PROTECTION INC WHO IS THE CONTRACTOR FOR THE
FIRE SPRINKLER WORK ON THE BUILDING LOCATED AT
Go Polar OWNED BY
230 N Cass Ave Westmont

That the total amount of the contract including extras* is \$42,813.00 on which he or she has received payment of
\$0.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and
that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who
have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material
entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material
required to complete said work according to plans and specifications.

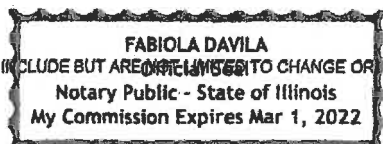
Names & Addresses	What For	Contract Price Including Extras *	Amount Paid	This Payment	Balance Due
ISAK FIRE PROTECTION INC	FIRE SPRINKLER	\$42,813.00	\$0.00	\$42,813.00	0.00
ALL LABOR, WELFARE AND FRINGES PAID IN FULL					
ALL MATERIAL FROM FULLY PAID STOCK AND DELIVERED TO JOBSITE IN COMPANY OWNED TRUCKS.					
NO OUTSIDE RENTAL EQUIPMENT USED ON THIS PROJECT					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		\$42,813.00	\$0.00	\$42,813.00	\$0.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or
other work of any kind done or to be done upon or in connection with said work other than above stated

Date 12/27/19 Signature [Signature]

SUBSCRIBED AND SWORN TO BEFORE ME THIS 27 DAY OF December, 20 19

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.



Notary Public



STATE OF ILLINOIS

COUNTY OF

FINAL WAIVER OF LIEN

Qty #

Escrow #

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Joanna & Peter Gal

to furnish Construction/Remodeling the premises known as GoPolar Cryotherapy, 230 N Cass Ave, Westmont, IL 60559 of which Joanna & Peter Gal is the owner.

THE undersigned, for and in consideration of zero (\$0.00) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE 12-16-19 COMPANY NAME Illinois

ADDRESS

SIGNATURE AND TITLE

 Monayer

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, **Darius Baranauskas** BEING DULY SWORN, DEPOSES

AND SAYS THAT HE OR SHE IS President OF Illinois Designers & Builders Inc.

WHO IS THE CONTRACTOR FURNISHING remodeling WORK ON THE BUILDING

LOCATED AT 230 N Cass Ave, Westmont, IL 60559 OWNED BY Joanna & Peter Gal

That the total amount of the contract including extras* is \$94,689.10 on which he or she has received payment of \$94,689.10 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLDNG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE.					

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE 12-16-19SIGNATURE: 

SUBSCRIBED AND SWORN TO BEFORE ME THIS


16TH

DAY OF

December 2019

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE

ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.



NOTARY PUBLIC



Kent D Keller
Notary Public - State of Illinois
My Commission Expires
02/22/2023



Upgrades to 230 N Cass Ave.

New Fire Sprinkler System : \$42,070.00
Front Door Modification: : \$5,460.00
Awning Install: : \$3,850.00
Fire Alarm System: : \$10,740.00
New Plumbing: : \$18,375.00

[illegible]

with additional sign off requirements

APPROVED - Village of Westmont
This approval does not waive project compliance for adopted
codes, ordinances, or requirements. Field changes may

SEP - 5 2019

CONCERNITY DESIGN GROUP, INC.
VILLAGE OF WESTMONT, ILLINOIS

DATE: 9-18-19

DATE: 9/14/19

DATE: 20190915

DATE:



GoPolar° Cryotherapy
& FLOAT SPA

230 N. CASS AVE

www.GoPolarCryotherapy.com

630-796-2255

Box Text Size: 6"h
Logo Size: 177.5"w x 46"h

THATCHER OAKS AWNINGS Phone: 630-833-5700 Fax: 630-833-5795 718 Industrial Dr. Elmhurst, IL 60126	CLIENT	Go Polar Cryotherapy			AWNING COVER MATERIAL	FILE NAME
	DRAWING DESCRIPTION	Graphic Approval Layout			Sunbrella #4608 Black	Go Polar Cryotherapy
	CLIENT APPROVAL	DATE	DRAWN BY	GRAPHIC APPLICATION	#	REVISION BY
	ORDER #	SALES REP	SCALE	GRAPHIC COLOR(S)	DATE	
	732199	Kevin				

THATCHER OAKS AWNINGS

718 INDUSTRIAL DRIVE
ELMHURST, IL 60126
(630) 833-5700 • Fax (630) 833-5795

CHICAGOLAND'S FULL SERVICE AWNING COMPANY
COMMERCIAL • INDUSTRIAL
CUSTOM DESIGNED AWNINGS & SIGNS
CLEANING AND MAINTENANCE

FILE COPY

CUSTOM QUOTE FOR:

Go Polar Cryotherapy
230 N. Cass Av.
WESTMONT, IL 60559

DATE: 7/31/2019

QUOTE #: 31284

DELIVERY:

TERMS: 50% DEPOSIT, BALANCE DUE ON COMPLETION

DESCRIPTION	AMOUNT
<p>Proposal is to manufacture and install one layover style awning for Go Polar Cryotherapy 230 N. Cass Av., Westmont, IL 60559. The location is on the east elevation. The size is 30'-0" wide, by 6'-6" high. Includes side wings that return to the building.</p> <p>All frames to be made of aluminum and will be completely welded. All welds will be ground smooth and primed silver. Frame finish is silver mill finish. All frames are covered by our LIFETIME TigerFrame Warranty.</p> <p>Fabric to be #4608 Black Sunbrella 100% Solution Dyed Acrylic, color to be confirmed. This material carries a ten (10) year warranty.</p> <p>Graphics include descriptors that will be applied using the Sunbrella Graphics system. This system utilizes heat and pressure to apply high quality SGS vinyl to the fabric.</p> <p>Price includes taxes and installation. Any permit requirement will include an additional fee.</p> <p>Thank You for your interest in Thatcher Oaks Awning Company. Sincerely, Kevin Eltoft (630) 452-1720 kevin@thatcheroaks.com</p>	<p>RECEIVED SEP - 5 2019 CHICAGO AREA AWNING & SIGN VILLAGE OF WESTMONT, ILLINOIS</p> <p>TOTAL: \$3,850.00</p>

It is the intent of the Seller to deliver to Buyer the products so stated in this contract, within the time frame so stated, subject to our ability to produce materials, and is subject to labor disputes, acts of God, and other delays beyond our control.

CUSTOMER DEPOSIT IS NONREFUNDABLE 5 DAYS AFTER ACCEPTANCE OF CONTRACT.

For the purpose of securing payment and performance of the obligation hereunder, Seller shall have, and Buyer hereby grants to Seller, a purchase money security interest in said property. The property and all of the apparatus, appliances, supplies, accessories and parts remain the property and security of Seller for said indebtedness until this contract is paid in full. In the event Seller has to remove property due to nonpayment, any monies paid on account shall remain the property of Seller as liquidated damages, and any reinstallation shall be subject to renegotiation.

ALL NEW INSTALLATIONS ARE GUARANTEED AGAINST DEFECTS IN MATERIAL OR WORKMANSHIP FOR THREE YEARS AFTER INSTALLATION.

ACCEPTED: _____ DATED: _____ BY: _____
(BUYER) (SELLER)

DEPOSIT: _____ WE MAY WITHDRAW THIS PROPOSAL IF NOT ACCEPTED WITHIN ____ DAYS.



westmont.illinois.gov

Community Development Department

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Tel: 630-981-6250 Fax: 630-968-8610

SIGN: Permanent (Wall and Ground), SPECIFICATIONS, REQUIREMENTS and GUIDELINES

ADDRESS: 230 W. Cass Ave. Westmont, IL 60559

SUBMIT THE FOLLOWING (*intake staff* to verify required submittal documents indicated below):

- ☒ Building Permit Application that is filled out and signed by contractor and owner
- ☒ Contractor proposal (aka "cost estimate"), if utilizing a contractor
- ☐ Sign Specification sheet that is filled out and signed by contractor and owner
 - ☐ INCLUDING the facade width and all existing signage section filled out
- ☐ Detailed Drawing showing overall size of the structure; pier size, anchoring method (how the sign shall be secured/mounted to the structure and bolt size), location of electric (if applicable).

FOR GROUND SIGNS:

- ☐ Legal Plat of Survey that is to Scale and indicates All Existing Conditions (Ground based signs only)
- ☐ Site Plan (typically, a copy of the plat of survey) sign dimensions, and distances to lot lines and other structures

Note: A **SEPARATE permit and review is required** if the property owner applies for both a Temporary and Permanent sign; submit SEPARATE specification sheet and application for each

For all signage:

Facade Width:

Building frontage to the street width 30 (Feet) OR Strip mall TENANT space width _____ (Feet)

Existing Signage:

None ☒

Ground Monument Or Pole (Include "tenant panel" if applicable) # of signs _____ Square Feet of Signs _____

Wall Mounted # of signs _____ Square Feet of signs _____

For Ground Signage: (Reference Appendix A, Section 11.07(B) For Specifications)

1. New _____ Replace / Resize _____ Panel Change _____
2. Will this sign be illuminated (If YES, additional permit information, submittal of proposed work, and/or electrical contractor registration may be required.) Yes _____ No _____
3. Size: _____ X _____ = _____ Total Square Feet

Anchoring System: Indicate how sign will be secured to footing (Piers/Footings shall be 42" below grade minimum 6" exposed):

Note: Ground signs require six (6) inch address numbers. New ground signs MUST include a landscape plan with year-round plantings.

For Wall Signage: (Reference Appendix A, Section 11.07(A) For Specifications)

1. New ☒ Replace / Resize _____ Panel Change _____ Other _____
2. Will this sign be illuminated (If YES, additional permit information, submittal of proposed work, and/or electrical contractor registration may be required.) Yes _____ No _____
3. Size: _____ X _____ = 6 Total Square Feet

Anchoring System:

Indicate how signage will be secured to the wall (size and style of fasteners)

Note: No new Box or Cabinet sign structures are permitted.



westmont.illinois.gov



Community Development Department

31 West Quincy Street • Westmont, Illinois 60559
Tel: 630-981-6250 Fax: 630-968-8610

SCANNED

PERMIT APPLICATION (Below to be completed by Applicant)

↓ FOR OFFICE USE ONLY ↓

↓ ADDRESS OF PROPOSED WORK		↓ COST OF CONSTRUCTION	PERMIT # <u>20180911</u>
<u>230 N. Cass Ave.</u>		<u>\$ 45,740.00</u>	↓ APPLICATION INTAKE BY / DATE SUBMITTED
↓ SPECIFY ALL CONSTRUCTION THAT APPLIES TO THIS APPLICATION ↓			<u>Kim Fare 2/13/18</u>
<input type="checkbox"/> RESIDENTIAL (1 & 2 Family only) <input type="checkbox"/> NEW Single Family Residence <input type="checkbox"/> Residential Addition, Porch, or Balcony <input type="checkbox"/> Residential Interior Remodel <input type="checkbox"/> Deck <input type="checkbox"/> Detached Garage <input type="checkbox"/> Electric <input type="checkbox"/> Fence <input type="checkbox"/> Fire Pit <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool, Hot Tub, Spa <input type="checkbox"/> Roof Tear-off <input type="checkbox"/> Shed <input type="checkbox"/> Window Replacement <u>Flatwork:</u> <input type="checkbox"/> Driveway, <input type="checkbox"/> Patio or Sport Court, <input type="checkbox"/> Steps/Walk <input type="checkbox"/> OTHER (Indicate in "Written Scope" below)		<input checked="" type="checkbox"/> COMMERCIAL (Business, Multifamily) <input type="checkbox"/> NEW Commercial Building <input type="checkbox"/> Commercial Addition, Porch, or Balcony <input checked="" type="checkbox"/> Commercial Interior Remodel <input type="checkbox"/> Deck <input type="checkbox"/> Detached Garage <input type="checkbox"/> Electric <input type="checkbox"/> Fence <input type="checkbox"/> HVAC <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Roof Tear-off <input type="checkbox"/> Window Replacement <u>Flatwork:</u> <input type="checkbox"/> Driveway, <input type="checkbox"/> Parking Lot/Striping, <input type="checkbox"/> Patio, <input type="checkbox"/> Steps/Walk <u>Signage:</u> <input type="checkbox"/> Permanent, <input type="checkbox"/> Illuminated, <input type="checkbox"/> Temporary	COUNTY AND ZONING INFORMATION SPECIAL MANAGEMENT AREA: YES <input type="radio"/> NO <input checked="" type="radio"/> ZONING DISTRICT: R1 R2 R3 R4 R5 <u>(B1)</u> B2 C1 M O/R OTHER _____
If applicable, TOTAL AREA (square feet of ground disturbance) INSTALLED - REMOVED =		INSTALLED - REMOVED = NET NEW SF <u>2000 - 2000 = SF 0</u>	↓ REQ <input checked="" type="checkbox"/> BUILDING APPROVED BY / DATE
↓ WRITTEN SCOPE / DESCRIPTION OF PROPOSED WORK, <u>if not fully specified above</u>			↓ REQ <input type="checkbox"/> ENGINEERING APPROVED BY / DATE
<u>Building out the space to be a</u> <u>Cyotherapy business and a Float Spa</u>			↓ REQ <input type="checkbox"/> PLAN, & ZON. APPROVED BY / DATE
↓ PROPERTY OWNER - REQUIRED - PRINT INFORMATION BELOW			↓ PERMIT ISSUED BY / DATE ISSUED
NAME: <u>Peter & Joanna Gal</u>			<u>Kim Fare 5/24/18</u>
ADDRESS: [REDACTED]			<u>PERMIT # 4,438.46</u>
PHONE: [REDACTED] EMAIL: [REDACTED]			<u>(CASH BOND)</u> <u>1457.40</u>
<p>CONDITIONS: Plans, specifications, surveys, and any material provided are part of this application. Applicant and property owner agree to comply with the provisions of this application, specification sheets, adopted codes and ordinances of the Village of Westmont, Illinois AND SHALL NOT OCCUPY or USE the property, structure(s), or affected area(s) until final inspection and occupancy certification. Construction material or dumpsters are not permitted on Village property. Permit placard shall be posted and be visible from the public right-of-way. Village stamped approved plans shall be on site at all times. Inspections shall be requested by 3:00 pm at least 1 business day in advance. Permit expires 1 year from date of issuance.</p> <p><u>Joanna Gal</u> <u>2/13/18</u> PROPERTY OWNER SIGNATURE (REQUIRED) DATE</p> <p>AGENT OF OWNER SIGNATURE (ALSO REQUIRED IF APPLICANT) DATE</p>			X Sign off for above Conditional Requirements



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F PROPOSED WORK 230 N. Cass Ave.

PERMIT # 2018-0411

List all Contractors associated with this permit, including, but not limited to:

rchitect Carpentry Concrete Drywall Electrician Engineer Excavation HVAC Landscape Masonry
Pavement (i.e. Asphalt) Plumber Roofer Underground (i.e. Sewer and Water) Window

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER	↓ ESTIMATED COST PER CONTRACTOR
TBD	
EMAIL:	
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER	↓ ESTIMATED COST PER CONTRACTOR
na's Designers & Builders, INC	
614 Linden Ave Darien, IL 60561	
330-3449 EMAIL: daniel.branigan@gmail.com	
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER	↓ ESTIMATED COST PER CONTRACTOR
Correct Electric Inc	
P.O. Box #629 Newark, IL 60541	
496-3000 EMAIL: www.correctelectric.us	
<input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER	↓ ESTIMATED COST PER CONTRACTOR
EMAIL:	
<input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER	↓ ESTIMATED COST PER CONTRACTOR
EMAIL:	
<input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER	↓ ESTIMATED COST PER CONTRACTOR
EMAIL:	
<input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER	↓ ESTIMATED COST PER CONTRACTOR
EMAIL:	



Correct Electric Inc.
Electric The **CORRECT** Way!

2018-0411

P.O. Box #629, Newark, IL 60541 ♦ Phone 815-496-3000 ♦ Fax 815-496-2777 ♦ www.correctelectric.us
Member IBEW & NECA

May 7th, 2018

GoPolar Cryotherapy
Peter Gal
230 N. Cass
Westmont, IL
Phone: [REDACTED]

Email: [REDACTED]

PROPOSAL

MAY 27 2018

CONFIDENTIAL - NOT TO BE REPRODUCED OR COPIED WITHOUT WRITTEN PERMISSION

Reference: GoPolar Westmont Remodel

We will provide the necessary material and labor to complete the following:

SCANNED

BASE ELECTRICAL:

- Electrical power and lighting system per the prints provided dated 2-6-18.
- Lights provided by OWNER.
- Conduit, wire, junction boxes, fittings, supports, occupancy sensors, and receptacles provided by US.

Fire Alarm:

- Furnish and install a complete fire alarm system.
- Drawings and review fees are included.
- Monthly Monitoring Fee billed separately.

Permit or application fees, if required, is by owner.

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for the above work and completed in a substantial workmanlike manner for the sum of:

Total Contract:-----\$10,740.00

Payment will be made as follows, pay-outs as job proceeds, with minimum monthly pay-outs, balance due upon completion. Finance charges will apply (1 1/2% monthly) unless previously arranged. Customer shall be liable for all reasonable attorney's fees, court costs, finance charges, and expenses that may be incurred as a result of failure to make payment. Correct Electric Inc./ Baum Sign Inc. pays all applicable state sales taxes. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. Owner is to carry fire, tornado and other necessary insurance upon above work.

Respectfully submitted by: Ryan Mason

SIGNATURE: Ryan Mason
Project Manager

NOTE: We may withdraw this proposal if not accepted within 90 days.

ACCEPTANCE OF PROPOSAL

I am authorized to approve this work as specified. The above prices, specifications and conditions are satisfactory and are hereby accepted. Payment will be made as outlined.

PURCHASE ORDER # _____ **SIGNATURE:** [Signature]

DATE 5/21/18 **TITLE:** Owner

- 1 Metal Stud Material
- 2 Metal Stud Framing
- 3 Store front Modifications
- 4 Steel Beam @ Store front
- 5 Masonry Allowance(Material & Labor)
- 6 Rough Plumbing
- 7 HVAC Duct work
- 8 Electrical inc. Exhaust Fans
- 9 Insulation
- 10 Drywall (as per spec)
- 11 Pre Finished flooring material
- 12 Pre Finished floor Install
- 13 Porcelan Floor & Wall Material
- 14 Porcelan Floor & Wall Install
- 15 Plumbing Fixtures/Valves/Acessories
- 16 Grab Bars
- 17 Cabinets
- 18 Cabinet Install
- 19 Counter top (Material Labor)
- 20 Tile Back splash Kitchen (Material/Labor)
- 21 Mirrors/Soap/TP Holder/PT Holders
- 22 Front Reception Desk-(Mat Labor Hardware)
- 23 Trim/Base/Shoe Casings Material
- 24 Trim Package Install
- 25 Changing Room Install Labor
- 26 Doors
- 27 Self Closing Hardware
- 28 Misc Hardware & accessories

6825 ✓
10500 ✓ Labor?
5460 ✓
2625 ✓
2100 ✓
18375 ✓
5040 ✓
12075 ?
3780 ✓
13230 ?
5040
5250
3675
12600 Labor ?
2100
420
1575
630
525
1050
1050
525
2835
2310
1050
1890
1680
262

Store Front

\$ 5,460.00

Plumbing
\$18,375

2018-0411



Illinois Designers & Builders, Inc
 7614 Linden Ave
 Darien, IL 60561
 www.IBBuilders.com
 773-517-4084

Date	Estimate #
5/8/2018	1220

Project

Name / Address
GoPolar Cryotherapy, Inc. 230 N Cass Ave, Westmont, IL 60559

Description	Qty	Rate	Total
Scope of the work (VOW) A-Plumbing - Reference plans (P-1) Saw Cut concrete floors as specified Install 4" PVC drains Install 2" Venting Install Hot & Cold Supplies Plumbing fixtures included (Sinks, toilet, Shower Valves, Hot Water tank, Expansion Tank) Plumbing fixtures allowance \$2100.00 B- Store Front Modifications & (A-1) Demo Store front, Install Columns & Steel Header across. Provide & Install New 8x8 store front double Door's transom and with clear glass & hardware as per ADA compliance. C- Metal studs wall installation Supply all materials as per plan and build metal studs walls as per plan. Install all blocking as needed.		35,000.00 SCANNED	35,000.00
Total			\$35,000.00

Upon signing this estimate becomes a binding contract between the customer and IL Designers & Builders.

Payment(s) to be made as follows: 40% upon acceptance of proposal, 40% upon completion of 50% of works and 20% after completion.
 A finance charge of 1.5% per month or 18% per year will be charged on all past due accounts.
 All additional work will be charged at minimum \$65.00 per man hour rate

The undersigned agrees to pay all costs of collection and attorney's fees incurred by IL Designers & Builders Inc. All work to be completed in a workmanlike manner according to standard practices. Any alteration of deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above these estimate.

Note: This estimate may be withdrawn by us if not accepted within 30 DAYS.

Acceptance of estimate:

The above prices, and conditions are satisfactory and hereby accepted:

Print Name

Joanna Gal

Signature

Joanna Gal

Date

5/21/18



westmont.illinois.gov

Community Development Department

31 West Quincy Street • Westmont, Illinois 60559
Tel: 630-981-6250 Fax: 630-968-8610

Cost of Construction Waiver

(At time of Permit Application Submittal)

In order to properly process the permit application, calculate fees and perform a review, the "Cost of Construction" field must be indicated and verified.

In lieu of the Cost of Construction being indicated on the Permit Application and verified, by the Village receiving (and approving) copies of signed contractor proposals, the Village of Westmont shall calculate such costs per current "Square Foot Costs with RSMeans Data."

Therefore, if applicant opts to start submittal and review process without providing the Cost of Construction and respective verifications (signed contractor proposals) at time of submittal, the RS Means Data text will be used to calculate the Cost of Construction, and the resultant fees, (i.e. outsourced or third party performed review fees) per Village of Westmont policy and procedure.

Agent of Owner and Owner also agree to the following:

- All verifications (signed contractor and sub-contractor proposals shall be submitted prior to issuance of the permit.)
- All assessed fees resulting from the estimated RS Means Data text shall be paid for and no reductions or reimbursements will be refunded due to revised scope of work or ensuing contractor proposals.

Your signature below conveys agreement to the Village of Westmont policies and procedures enumerated above. (Agent of Owner AND Owner are required to sign this document)

230 N. Cass Ave
ADDRESS OF PROJECT

Joanna Gai
AGENT of Owner Printed Name (General or Sole Contractor)

2/13/18
Date

Joanna Gai
AGENT of Owner Signature

2/13/18
Date

Joanna Gai
OWNER Printed Name

2/13/18
Date

Joanna Gai
OWNER Signature

2/13/18
Date



VILLAGE OF WESTMONT
31 WEST QUINCY STREET
WESTMONT, IL 60559
Tel # (630) 981-6250

SCANNED

Issue Date : 05/24/2018
Applied for : 05/24/2018
Expires : 05/24/2019

Permit # 20180411
Type : BUILDING
Parcel #

Address : 230 N. CASS AVENUE
WESTMONT, IL

Owner : PETER & JOANNA GAL



FEE SCHEDULE

BLDG. - INTERIOR ALTERATIONS	\$	786.10
BUILDING INSP. - IN-HOUSE	\$	900.00
BLDG. - CERTIFICATE OF OCCUPAN	\$	100.00
BLDG. - PLAN REVIEW FEE	\$	642.96
BLDG. - FIRE DEPT. REVIEW FEE	\$	700.00
PLMG. - INTERIOR ALTERATIONS	\$	75.00
PLMG. - BRASS GOODS	\$	702.00
ELEC. - INTERIOR ALTERATIONS	\$	75.00
BLDG. - CASH BOND	\$	457.40
TOTAL	\$	4,438.46



20180411



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Community Development Department

31 West Quincy Street • Westmont, Illinois 60559
Tel: 630-981-6250 Fax: 630-968-8610

5/23/18
Date

2018-0411
Permit #

230 N. Cass Avenue
Address / Location of Project

Interior Remodel
Type of Project

\$45,740.00
Cost of Project

Peter & Joanna Lee / Illinois Designers & Builders
Owner / Contractor Name

Building Permit Fees:

Building Fee: \$786.10

Inspections:** \$900.00

Certificate of Occupancy: \$100.00

Plan Review Fee: \$642.96

Fire Department: \$700.00

Subtotal of Building Permit Fees:

\$3,129.06

Plumbing Permit Fees:

Plumbing Fee: \$75.00

Water Division Fee: \$702.00

Subtotal of Plumbing Permit Fees:

\$777.00
\$75.00

Electrical Permit Fees:

Impact Fees:

Elem. School # _____
Jr. HS # _____
High School # _____
Park District _____
Library _____

Subtotal of Impact Fees:

0

Engineering Permit Fees:

Bonds:

Building Completion Bond \$457.40
Engineering Bond 0

Subtotal of Bond Fees:

\$457.40

TOTAL FEES & BONDS:

\$4,438.46

** Please Note: The indicated list of required inspections may fluctuate due to contractor scheduling or construction methodology. As such, all inspections, partial inspections, re-inspections, or any inspection above and beyond the enumerated list will be taken from the submitted bond for the project. If the inspectional fees exhaust the bond, then a new bonds may be required for the project to continue.



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PERMIT APPLICATION (Below to be completed by Applicant)

↓ FOR OFFICE USE ONLY ↓

↓ ADDRESS OF PROPOSED WORK		↓ COST OF CONSTRUCTION	PERMIT # <u>2018-0571</u>
<u>230 N. Cass Ave Westmont</u>		<u>\$ 42,000</u>	↓ APPLICATION <u>INTAKE BY</u> / DATE SUBMITTED
↓ SPECIFY ALL CONSTRUCTION THAT APPLIES TO THIS APPLICATION ↓			<u>RG/6-25-18</u>
<input checked="" type="checkbox"/> RESIDENTIAL (1 & 2 Family only) <input type="checkbox"/> NEW Single Family Residence <input type="checkbox"/> Residential Addition, Porch, or Balcony <input type="checkbox"/> Residential Interior Remodel <input type="checkbox"/> Deck <input type="checkbox"/> Detached Garage <input type="checkbox"/> Electric <input type="checkbox"/> Fence <input type="checkbox"/> Fire Pit <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool, Hot Tub, Spa <input type="checkbox"/> Roof Tear-off <input type="checkbox"/> Shed <input type="checkbox"/> Window Replacement <u>Flatwork:</u> <input type="checkbox"/> Driveway, <input type="checkbox"/> Patio or Sport Court, <input type="checkbox"/> Steps/Walk <input type="checkbox"/> OTHER (Indicate in "Written Scope" below)		<input type="checkbox"/> COMMERCIAL (Business, Multifamily) <input type="checkbox"/> NEW Commercial Building <input type="checkbox"/> Commercial Addition, Porch, or Balcony <input type="checkbox"/> Commercial Interior Remodel <input type="checkbox"/> Deck <input type="checkbox"/> Detached Garage <input type="checkbox"/> Electric <input type="checkbox"/> Fence <input type="checkbox"/> HVAC <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Roof Tear-off <input type="checkbox"/> Window Replacement <u>Flatwork:</u> <input type="checkbox"/> Driveway, <input type="checkbox"/> Parking Lot/Striping, <input type="checkbox"/> Patio, <input type="checkbox"/> Steps/Walk <u>Signage:</u> <input type="checkbox"/> Permanent, <input type="checkbox"/> Illuminated, <input type="checkbox"/> Temporary	
applicable, TOTAL AREA (square feet of ground disturbance) <u>INSTALLED - REMOVED</u> ⇒		INSTALLED - REMOVED = NET NEW SF - = SF	COUNTY AND ZONING INFORMATION SPECIAL MANAGEMENT AREA: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ZONING DISTRICT: R1 R2 R3 R4 R5 B1 B2 C1 M O/R OTHER _____
WRITTEN SCOPE / DESCRIPTION OF PROPOSED WORK, <u>if not fully specified above</u>		↓ REQ <input type="checkbox"/> BUILDING APPROVED BY / DATE	
<u>Putting in a new Fire Sprinkler System into 230 N Cass Ave, a commercial building</u>		[] See Conditional Approval Requirements below	
		↓ REQ <input type="checkbox"/> ENGINEERING APPROVED BY / DATE	
		↓ REQ <input type="checkbox"/> PLAN & ZON. APPROVED BY / DATE	
		↓ PERMIT <u>ISSUED BY</u> / DATE ISSUED	
		<u>Kim Kane 6/28/18</u>	
PROPERTY OWNER - REQUIRED - PRINT INFORMATION BELOW		PERMIT \$ <u>780.00</u>	
NAME: <u>Joanna Gal</u>		WATER \$ <u>6063.00</u>	
ADDRESS: <u>230 N. Cass Ave Westmont, IL 60559</u>		SEPT \$ <u>7843.00</u>	
PHONE: [REDACTED] EMAIL: [REDACTED]		FEE \$ <u>7843.00</u>	
CONDITIONS: Plans, specifications, surveys, and any material provided are part of this application. Applicant and property owner agree to comply with the provisions of this application, specification sheets, adopted codes and ordinances of the Village of Westmont, Illinois AND SHALL NOT OCCUPY or USE the property, structure(s), or affected area(s) until final inspection and occupancy certification. Construction material or dumpsters are not permitted on Village property. Permit placard shall be posted and be visible from the public right-of-way. Village stamped approved plans shall be on site at all times. Inspections shall be requested by 3:00pm at least 1 business day in advance. Permit expires 1 year from date of issuance.		FINAL INSPECTION	
PROPERTY OWNER SIGNATURE (REQUIRED) <u>Joanna Gal</u>		DATE <u>6/20/18</u>	
AGENT OF OWNER SIGNATURE (ALSO REQUIRED IF APPLICANT)		DATE	
		X Sign off for above Conditional Requirements	



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Community Development Department

31 West Quincy Street • Westmont, Illinois 60559
Tel: 630-981-6250 Fax: 630-968-8610

ADDRESS OF PROPOSED WORK 230 N. Cass Ave

PERMIT # 2018-0571

List all Contractors associated with this permit, including, but not limited to:

General Architect Carpentry Concrete Drywall Electrician Engineer Excavation HVAC Landscape Masonry
Pavement (i.e. Asphalt) Plumber Roofer Underground (i.e. Sewer and Water) Window

↓ CONTRACTOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input checked="" type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER _____		↓ ESTIMATED COST PER CONTRACTOR
NAME: <u>ISAK Fire Protection Inc.</u>		
ADDRESS: <u>142 Touhy Court Des Plaines, IL 60018</u>		
PHONE: <u>224-216-2272</u> EMAIL: <u>oisak@IsakFire.com</u>		
↓ CONTRACTOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER _____		↓ ESTIMATED COST PER CONTRACTOR
NAME:		
ADDRESS:		
PHONE: _____ EMAIL: _____		
↓ CONTRACTOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER _____		↓ ESTIMATED COST PER CONTRACTOR
NAME:		
ADDRESS:		
PHONE: _____ EMAIL: _____		
↓ CONTRACTOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER _____		↓ ESTIMATED COST PER CONTRACTOR
NAME:		
ADDRESS:		
PHONE: _____ EMAIL: _____		
↓ CONTRACTOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER _____		↓ ESTIMATED COST PER CONTRACTOR
NAME:		
ADDRESS:		
PHONE: _____ EMAIL: _____		
↓ CONTRACTOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER _____		↓ ESTIMATED COST PER CONTRACTOR
NAME:		
ADDRESS:		
PHONE: _____ EMAIL: _____		
↓ CONTRACTOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER _____		↓ ESTIMATED COST PER CONTRACTOR
NAME:		
ADDRESS:		
PHONE: _____ EMAIL: _____		



#2018-0591

Estimate

142 Touhy Court
Des Plaines IL 60018Phone # (224) 216-2272
Fax # (312) 940-5607oisak@lsakFire.com
www.lsakFire.com

Date	Estimate #
4/21/2018	20098

Name / Address

GoPolar
Joanna Gal
230 N Cass
Westmont IL

Job Location

GoPolar
230 N Cass
Westmont IL

Description

Proposal includes a wet system throughout building

Proposal includes all design, installation, testing and commissioning of the system as following:

Design the fire sprinkler drawings and submit to the fire department

Installation of a double check back flow preventer

One wet sprinkler riser that will include flow switch, gauge and drain

Installation of sprinkler heads as required by NFPA 13

All pendent heads will be semi recessed heads

All areas without ceiling tiles will be installed exposed with brass upright heads.

Furnish and install Fire Department Connection within 10' of sprinkler room

Perform one Two Hour Hydrostatic Test

Owner shall provide all AutoCAD.DWG files for system design.

The proposal is based on the drawings received. Any changes to the drawings might be subject to additional charges. The owner shall keep the temperature above 40 degrees Fahrenheit at all times where the pipes are installed. The estimate is based on the city water pressure of 50 PSI and 2000 GPM and during the design phase we will be able to conclude if there is adequate water available to supply the fire sprinkler system without the use of a fire pump. If there is insufficient water supply a new proposal will be given to install a fire pump

New 4" water service to front of building. To run the service to back of building add additional \$5,500 to this estimate

Proposal does NOT include any city or review fees. Does not include any union or prevailing wage labor. All the electrical connections shall be done by others

Work will be done during regular business hours: Monday - Friday 7AM-4PM

By signing the estimate customer understands that he/she will be charged the proposed price provided and agrees to remit payment upon invoicing within 30 days. Any portion of the balance unpaid after (30) thirty days of completion of the project shall be considered delinquent and shall bear interest at the rate of 1.5% one and one half percent per month thereafter. In the event of a delinquent account hereunder by customer, customer agrees to pay attorney's fees and all cost incurred by enforcing this agreement.

Signature

Total

\$42,070.00

This estimate is valid for 30 days. Thank you for your consideration of ISAK Fire Protection Inc.